

IAP5 Rec'd PCT/PTO 07 FEB 2006

Application Data Sheet**Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: URINAL

Attorney Docket Number:: USC.P01.03.US

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity::

Latin Name::

Variety denomination name::

Petition Included?::

Petition Type::

Licensed US Govt. Agency::

Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Ulrich
Middle Name::
Family Name:: Schroder
Name Suffix::
City of Residence:: St.-Heinrich-stra
State or Province of Residence:: Verl
Country of Residence:: Germany
Street of mailing address::

City of mailing address:: St. Heinrich-str. 39
State or Province of mailing address:: Verl
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 33415

Applicant Authority type::
Primary Citizenship Country::
Status::
Given Name::
Middle Name::
Family Name::
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of mailing address::

City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

Applicant Authority type::
Primary Citizenship Country::
Status::
Given Name::
Middle Name::
Family Name::
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of mailing address::

City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

Applicant Authority type::
Primary Citizenship Country::
Status::
Given Name::
Middle Name::
Family Name::
Name Suffix::
City of Residence::
State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 29318

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address:

Postal or Zip Code of mailing address:

Phone Number::

Fax Number::

E-Mail address::

Representative Information

Representative Customer Number:: 23399

Representative Designation::	Registration Number::	Representative Name::

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP03/008776	08/07/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::